

Summary Form
Collective Bargaining Agreement
Public Sector/Non - Police & Non-Fire
(b to be submitted with negotiated contracts to PERC)

Public Employer	<u>Jackson Board of Education</u>		County	<u>Ocean</u>
Employee Organization	Jackson Township Administrators Association		Employees in Unit	<input type="text" value="34"/> From Scattergram
Base Year Contract Term	<input type="text" value="7/1/2012"/>	to	<input type="text" value="6/30/2015"/>	New Contract Term: <input type="text" value="7/1/2015"/> to <input type="text" value="6/30/2018"/>
Type of Settlement:	<input type="checkbox"/> Mediated Settlement <input type="checkbox"/> Fact-Finder Settlement <input checked="" type="checkbox"/> Voluntary Settlement <input type="checkbox"/> Super Conciliation			

Section II: Economic

Item 1	Salary including Increment
Item 2	Longevity
Item 3	Health Benefit Waiver
Item 4	
Item 5	
Item 6	

Column A (Signed off Year)	Column B (1st year of new contract)
4,603,773	4,732,667
22,500	22,500
31,922	23,941
\$ 4,658,194.80	\$ 4,779,108.35

Section III Totals

Section IV Analysis of new successor agreement

Total Base Year (previous agreement)	<input type="text" value="\$ 4,603,773.00"/>
Effective Date	<input type="text" value="7/1/2015"/>
Percent Increase	<input type="text" value="2.8%"/>
Total Cost of Increase	<input type="text" value="128,910"/>
Total Base salary (successor agreement)	<input type="text" value="\$ 4,732,683"/>

<input type="text" value="7/1/2016"/>	<input type="text" value="7/1/2017"/>
<input type="text" value="2.8%"/>	<input type="text" value="2.5%"/>
<input type="text" value="132,512"/>	<input type="text" value="121,630"/>
<input type="text" value="\$ 4,865,195"/>	<input type="text" value="\$ 4,986,825"/>

Section V Impact of Settlement - Average annual increase over term of agreement

Percentage impact (average per year over term of agreement)

<input type="text" value="2.70%"/>
<input type="text" value="\$ 127,684"/>

Dollar Impact (average per year over term of agreement)

Section VI Health Insurance (Indicate costs associated on each line)

Cost of Health Plan
Employee Contribution
Prescription
Dental
Vision

Base Year	Year 1
456,716	511,236
(165,141)	(223,901)
107,481	100,722
25,794	25,911
8,961	8,790